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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/939,136-Conf. #2977
	Filing Date	August 24, 2001
	First Named Inventor	Scott T. Brown
	Art Unit	2443
	Examiner Name	Jean Gilles, Jude
	Attorney Docket Number	50439-P010US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name **WINSTEAD PC**
Ross T. Robinson
Address **P.O. Box 50784**City **Dallas**Country **US**

State

TX

Zip

75201Telephone **(214) 745-5400**

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature

Name

Scott T. Brown

Date

11/09/09

Telephone

303-410-0720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: _____

Electronic Signature for Brenda I. Brown: /Brenda I. Brown/